

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000009966**

1. Corporation Name **INVESTMENTS OF A8B INC.**

2. Principal Office Address

2929 SW 3RD AVE

Suite, Apt. #, etc.

SUITE 230

City & State

MIAMI FL

Zip

33129

Country

USA

3. Mailing Office Address

2929 SW 3RD AVE

Suite, Apt. #, etc.

SUITE 230

City & State

MIAMI FL

Zip

33129

Country

USA

FILED
04 FEB 24 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **03-84**

4. Date Incorporated or Qualified
To Do Business in Florida

2/2/1998

5. FEI Number

59-3489900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTONIO S. BACALAO

Street Address (P.O. Box Number is Not Acceptable)

435 GARLANDA AVE.

Suite, Apt. #, Etc.

City

COHEN GABLES

State

FL

Zip Code

33146

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **2/19/2004**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------------|--------------------------------------|---|------------------------------|
| PRES | ANTONIO BACALAO | 435 GARLANDA AV | COHEN GABLES FL 33146 |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/2004 **(305)860-8334**
Date Daytime Phone #

CR2E081 (01/04)

A&B TRAVEL BUSINESS
2929 SW 3rd AVE. SUITE 230, MIAMI FL 33129
TEL: (305) 860-8334 FAX: (305) 860-8386
E-MAIL: abtravel@abtravel.net

FEBRUARY 19, 2004

FORM: INVESTMENTS OF A&B INC. DOCUMENT #P98000009966

TO: DEPARTMENT OF STATE, DIVISION OF CORPORATIONS.

DEAR SIR. OR MADAM

THIS TO REQUEST THE REISNTATE OF THE RESINATEMENT OF
DE ABOVE CORPORATION
ON DICMEBER 2002 WE MOVE OUT OF OUR ORLANDO ADDRESS
AND DIT NOT RECIVED THE ANNUAL REPORT FORM,

WE WILL THANK YOU FOR YOUR COLABOARTION

SINCERELLY

ANTONIO BACALLAO

